

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES
EDITOR

OUTLINE OF GENERAL OBJECTIVES OF COMMITTEE ON PHYSICAL HYGIENE.

California Congress of Parents and Teachers.

The department of physical hygiene aims, in conjunction with other divisions under the department of health, to preserve and promote the health of all children in California. Inasmuch as health must always be an individual matter, our efforts should be directed largely toward enlisting the interest of parents in the fundamentals of personal health. One of the outstanding functions of this department is to acquaint the membership of the associations with easily available and authentic sources of health information.

Physical and mental hygiene are so closely intertwined as to be inseparable. It is therefore highly desirable that both these phases of health be considered together as far as possible and their close relationship be emphasized.

The golden age for the building of a sound body, and the formation of those habits which tend to preserve health, lies before the age of six. It is obvious that our greatest future gain must lie in the development of a thoroughly adequate program for the prenatal, infant, and preschool periods. In this way only can we insure a lessening of the need for corrections during the school years.

The recommendations offered by the Health Department to the state conven-

tion in Santa Cruz will, in so far as they touch physical hygiene, form the basis of our year's program. These are as follows:

First—That each district and council recommend to their association as a goal for achievement the so-called "Child's Bill of Rights."

That there shall be no child (in California)

That has not been born under proper conditions;

That does not live in hygienic surroundings;

That ever suffers from under nourishment;

That does not have prompt and efficient medical attention and inspection;

That does not receive primary instruction in the elements of hygiene and good health;

That has not the complete birthright of a sound mind in a sound body;

That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being. (Herbert Hoover for the A. C. H. A.)

Second—Establishment of a health center in every community so far as this may be accomplished. The health center

so established and maintained is entirely distinct from the dispensary idea, but is a place for medical and, where possible, psychiatric examination of the presumably well child, and for instruction and assistance to parents in the maintenance of sound physical and mental health in their children from the beginning of their lives. (This will include instruction in prenatal, infant, and preschool child hygiene and, unless handled in the schools, similar instruction regarding older children.)

Third—Mental hygiene entirely.

Fourth—At least one well worked-out, full program each year featuring the four subdivisions under the department. (This should include district and council as well as association programs.)

Fifth—That districts and councils secure all available literature pertaining to the four subdivisions of the Health Department from the National Congress and from approved organizations. That this literature be prepared in a scrap book or other easily handled arrangement, and that it be available for consultation at all meetings. (Sources on physical hygiene include the National Congress; Women's Foundation for Health, 370 7th Ave., New York; Federal Children's Bureau, Department of Labor, Washington, D. C.; Bureau of Education, Division of Physical Education and School Hygiene, Department of Interior, Washington, D. C.; Bureau of Child Hygiene, California Department of Public Health, 336 State Building, San Francisco.)

Each district council and association chairman should plan a specific working program for the year, based on these recommendations. In councils, and in larger associations, a health section may be formed, physical hygiene to be discussed and studied here in connection with the other divisions in the department. Both individual and community aspects of health for various age groups should be considered. In smaller associations at least three or four meetings during the year should be devoted to such programs. Supplementary suggestions for detailed discussions may be obtained from the state chairman.

We should emphasize in the physical hygiene for the preadolescent and adolescent the great need for detailed health supervision in grammar, junior high and high schools. It is especially necessary at this time that heart, lungs, and general nutrition be noted by a physician at regular intervals. It is most unfortunate when competitive athletics of any

type are permitted without thorough and reasonably frequent examination of the contestants. The avoidance of undue strain and fatigue during these years of instability and rapid growth will mean more in the prevention of tuberculosis and heart lesions in young adults than is generally recognized. We need to cultivate an ideal of sport for the joy of playing, rather than sport for the business of winning for the home team at all costs. Until we get such an ideal we will continue to sacrifice the future health of many adolescents to a false standard of values.

It must always be remembered that the health of the parents, especially the mother, is of primary importance in the physical equipment of the child. The health ideals and habits of parents very strongly influence the formation of the child's habits, especially through imitation, which is such a powerful factor in learning in early life. Later the health of the teacher, her appearance, and the habits and attitudes she evidences are also strong factors in the habits and attitudes which the children of the community acquire. It is entirely fitting, therefore, that we should include a consideration of the promotion of adult health with that of the child.

In carrying out the second recommendation, that of promoting the establishment of health centers, the first step should be a survey of existing local agencies. Where there is a full-time health unit in county or city, the director should be consulted regarding centers available, and the advisability of establishing new ones. The help of the associations should be offered in this connection, if desired. If there is no health unit, but a public health nurse is employed by the community, she should be consulted regarding methods by which the association or council may most efficiently work in conjunction with her to provide the desired facilities. Where there is no public health nurse, the first effort should be directed toward obtaining one, as she will be essential in the conduct of such a center.

This year again we should, in the spring, do everything in our power to assist the chairman of summer round-up in her work. As health centers become established, and children are kept under observation throughout their infant and preschool years, the need for summer round-up will diminish but we are as yet far from the time when we can relax our efforts in this regard.

It will be most useful if, in each dis-

strict and council, the four chairmen in the department of health can meet for a conference once or more during the year, in order to have a closer coordination of their work and a better understanding of the aims of each.

INFANT CARE LETTER No. II

Second Month

My Dear Mrs.

Your baby is now about one month old. He should be gaining regularly from five to eight ounces each week, should sleep for about 21 hours out of the 24 and should have from 1 to 3 soft yellow stools each day. He will probably be fussy for a little while occasionally, but should not cry a great deal. He may spit up a little food shortly after he has eaten, especially if he is moved about, but should not really vomit, that is, throw up the milk hard enough to send it some distance away. If he cries much, especially an hour or two after nursing, and is not gaining as he should, he is probably hungry. In this case try to increase the amount of breast milk by more careful attention to your rest and diet, using both breasts at each feeding, and, if necessary, get a formula from your physician to use two or three times daily *after the breast feeding*. Never take the baby off the breast unless your physician tells you to do so. He will, of course, not do this until he has considered the baby's weight, weekly gain and general behavior, so your record of regular weighing is very important.

It is time now to begin to train baby to have his bowel movement at a regular time. Get a small chamber, and each day at the same hour morning and evening, proceed as follows: warm the vessel so it feels comfortable, then lift the baby, holding his thighs in your hands, letting him rest on the vessel with his back well supported against your arm and chest. The first few times you may need to use a small-size suppository or a soap stick (a small piece of soap about as large around as a lead pencil) in the bowel to start the stool. Never use anything in the bowel in this way for more than 4 days. Soon he will learn what is expected of him when he is placed on the vessel and will wait to be picked up. You should have him quite well trained by four of five months.

Go to the doctor who confined you for a general and pelvic examination when the baby is about six weeks old. Much of your future comfort and good health may depend on this.

Weigh your baby every week at home or take him to the health center regularly for weighing. If your baby should need to be bottle fed, begin to give orange juice or raw tomato juice when you start the formula. It is best to start with ten drops, twice daily and increase gradually till he is getting at least 3 tablespoonsful daily at five months of age. If neither orange juice or raw tomato juice is obtainable use the juice of a good grade of commercially canned tomatoes—work up to 3 to 4 tablespoonsful. Be sure that you give either the orange juice or tomato juice well diluted. Add 10 drops of juice to 1 tablespoonful of boiled cool water. When you are giving larger quantities dilute with an equal quantity of water.

Very sincerely yours,

ELLEN S. STADTMULLER, M.D., *Chief.*

Changes Among Health Officers.

Dr. R. Jodorola has been appointed City Health Officer of Los Banos to succeed Dr. B. H. Bush.

Dr. J. A. De Serpa has succeeded Dr. Louis Achenbach as City Health Officer of Ventura.

Dr. H. W. Comfort is now City Health Officer of Fortuna, succeeding Dr. Orville Rockwell.

Dr. H. B. Neagle has been appointed Health Officer of Madera County in place of Dr. Smith A. Quimby.

Mr. Grover C. Mull of Menlo Park has succeeded Mr. Clarence R. Walter as City Health Officer of Atherton, San Mateo County.

Idealism must be practical to appeal to childhood. Sons and daughters judge parents by the ideals they practice; not by the ideals parents express in words.

—Dr. Esther Loring Richards.

MORBIDITY*

Diphtheria.

66 cases of diphtheria have been reported as follows: Oakland 1, Contra Costa County 1, Pittsburg 2, Fresno 1, Kern County 1, Los Angeles County 6, Los Angeles 18, Whittier 6, Merced County 1, Gustine 1, Merced 1, Orange County 2, Huntington Beach 1, Sacramento 1, Colton 1, San Bernardino 1, San Diego 1, San Francisco 10, San Joaquin County 1, Stockton 1, Redwood City 1, Santa Barbara 1, San Jose 2, Shasta County 2, Vallejo 1, Stanislaus County 1.

Measles.

11 cases of measles have been reported, as follows: Berkeley 1, Contra Costa County 1

* From reports received on October 15th and 16th for week ending October 13th.

Fresno County 1, Los Angeles County 1
Los Angeles 2, Riverside 1, San Diego 1, San
Francisco 1, San Joaquin County 1, Ventura 1.

Scarlet Fever.

93 cases of scarlet fever have been reported, as follows: Alameda 2, Berkeley 1, Oakland 6, Humboldt County 2, Inyo County 1, Kern County 2, Los Angeles County 5, Burbank 1, Glendale 1, Long Beach 1, Los Angeles 12, Pasadena 1, Whittier 1, Merced County 1, Monterey County 9, Salinas 1, Santa Ana 1, Riverside 3, Sacramento 9, San Diego 8, San Francisco 8, San Joaquin County 1, Stockton 3, San Luis Obispo County 1, Santa Clara County 1, San Jose 3, Watsonville 1, Yuba City 1, Porterville 2, Santa Paula 3, Marysville 1.

Smallpox.

31 cases of smallpox have been reported, as follows: Alameda County 1, Alameda 1, Berkeley 10, Oakland 10, Kern County 1, Monterey County 2, King City 4, San Diego 1, San Francisco 1.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Alameda County 1, Contra Costa County 1, Kern County 2, Los Angeles County

3, Los Angeles 1, San Francisco 3, Yolo County 1, California 2.

Whooping Cough.

125 cases of whooping cough have been reported, as follows: Berkeley 1, Oakland 15, Piedmont 9, Fresno County 2, Los Angeles County 2, Alhambra 1, Azusa 1, Huntington Park 2, Los Angeles 41, Pasadena 4, Santa Monica 2, Maywood 2, Bell 5, Salinas 2, Orange County 3, San Bernardino 3, San Diego County 4, National City 2, San Francisco 7, Stockton 2, Santa Barbara 8, Palo Alto 1, San Jose 5, Lindsay 1.

Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Fresno County 1, Los Angeles 2, San Luis Obispo County 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Oakland 1, Los Angeles 1.

Coccidoidal Granuloma.

Santa Monica reported one case of coccidoidal granuloma.

Leprosy.

San Francisco reported one case of leprosy.

COMMUNICABLE DISEASE REPORTS

Disease	1928				1927			
	Week ending			Reports for week ending Oct. 13 received by Oct. 16	Week ending			Reports for week ending Oct. 15 received by Oct. 18
	Sept. 22	Sept. 29	Oct. 6		Sept. 24	Oct. 1	Oct. 8	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	82	81	93	72	36	70	78	114
Coccidoidal Granuloma	1	0	3	1	0	0	0	0
Diphtheria	68	70	69	66	66	90	106	112
Dysentery (Bacillary)	0	1	0	0	0	1	3	3
Encephalitis (Epidemic)	2	1	0	0	2	1	3	0
Food Poisoning	2	3	2	0	9	0	1	21
German Measles	13	15	10	4	15	16	23	28
Gonococcus Infection	110	140	134	78	93	97	176	87
Influenza	22	23	27	34	5	12	25	19
Jaundice (Epidemic)	0	2	1	0	0	0	0	1
Leprosy	0	0	0	1	0	0	0	0
Malaria	1	3	3	1	1	2	0	0
Measles	14	35	19	11	46	25	46	55
Meningitis (Epidemic)	1	6	3	4	6	1	7	4
Mumps	93	98	136	92	65	48	56	66
Paratyphoid Fever	0	1	0	0	0	2	1	2
Pneumonia (Lobar)	36	41	27	28	32	24	73	38
Poliomyelitis	6	5	6	2	51	55	37	26
Rabies (Animal)	14	6	17	11	9	6	4	2
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	87	88	101	93	82	79	105	90
Smallpox	22	25	20	31	11	9	5	3
Syphilis	151	105	143	150	158	134	182	96
Tetanus	2	2	0	2	1	2	0	1
Trachoma	5	2	2	160	1	4	2	6
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	175	220	189	185	212	149	198	150
Typhoid Fever	21	24	20	14	28	24	15	8
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	208	146	161	125	80	112	100	93
Totals	1136	1143	1186	1165	1009	963	1246	1025

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